DOCUMENT RESUME

ED 254 559 TM 850 173

AUTHOR Guiton, Gretchen W.; Zachary, Robert A.
TITLE Criterion Validity of the Piers-Harris Children's Self-Concept Scale.
PUB DATE Aug 84
NOTE 12p.; Paper presented at the Annual Meeting of the American Psychological Association (Toronto, Ontario, Canada, August, 1984).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Analysis of Variance; Clinical Psychology; *Comparative Analysis; Delinquency; Depression (Psychology); Elementary Secondary Education; Item Analysis; Psychometrics; Self Concept; *Self Concept Measures; *Self Esteem; *Test Validity
IDENTIFIERS Denial (Psychology); *Piers Harris Childrens Self Concept Scale

ABSTRACT

It was hypothesized in this document that lowered self-concept would be associated with children exhibiting problems such as delinquency or childhood depression. The differences in self-concept between 97 clinic and 485 nonclinic children were investigated by administration of the Piers-Harris Children's Self Concept Scale. The reported self-esteem of both groups were compared using analysis of variance techniques. Results indicated that the clinic sample had significantly lower self-concept scores on the total scale and on five of the six cluster scales than did the nonclinic group. The clinic group had higher self-concept scores on 7 of the 80 individual items; these may represent a combination of compensatory behavior and denial. (Author/DWH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED254559

CRITERION VALIDITY OF THE PIERS-HARRIS CHILDREN'S SELF-CONCEPT SCALE

Gretchen W. Guiton
UCLA and Western Psychological Services
Los Angeles, California

and

Robert A. Zachary
Western Psychological Services
Los Angeles, California

Paper presented at the annual meeting of the American Psychological Association in Toronto, Canada, August, 1984. Requests for copies of this paper should be sent to Gretchen W. Guiton, Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025.

TM 850 173

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

C. W Guiton

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Abstract

The Piers-Harris Children's Self-Concept Scale was administered to 485 nonclinic and 97 clinic children to investigate the differences in self-concept in these groups. Differences in total self-concept scores, scores on the six cluster scales, and on individual items were evaluated using analysis of variance techniques. Results indicate that the clinic sample had significantly lower self-concept scores on the total scale and on five of the six cluster scales than did the nonclinic group. Interestingly, the clinic group had higher self-concept scores on seven of the individual items. These may represent a combination of compensatory behavior and denial.

Studies comparing the self-concepts of various criterion groups have proved valuable for understanding both the factors that influence self-esteem and differences between groups. For example, studies of handicapped groups have shown that the self-concept is affected by the referent group and that handicapped students do not necessarily have lower self-concept than their normal peers (Coleman, 1983; Beck, Roblee, & Hanson, 1982; Silverman and Zigmond, 1983; Yauman, 1980).

The present study investigates the differences in self-concept for a group of clinic and nonclinic children using the Piers-Harris Children's Self-Concept Scale. It was the authors' hypothesis that lowered self-concept would be associated with children exhibiting problems such as delinquency or childhood depression. To test this hypothesis the reported self-concept of clinic and nonclinic children were compared using analysis of variance techniques.

Method

Subjects

The nonclinic sample consisted of 485 public school children (248 girls and 237 boys). It contained a mixture of elementary (n=279), junoir high (n=55), and senoir high school (n=151) students with an age span of 8 to 16 years. The clinic sample consisted of 97 children from three outpatient clinics. The sample had an average age of 10.4 years (SD=1.9) and was two-thirds male.

Measures

The Piers-Harris Children's Self-Concept Scale is an 80-item

self-report measure designed to aid in the assessment of self-concept in children and adolescents. Items on the scale are scored in either a positive or negative direction to reflect this self-evaluative dimension. A high score on the scale suggests a positive self-evaluation, whereas a low score suggests a negative self-evaluation. The scale yields a global self-concept score and six cluster scores measuring subdimensions of self-concept.

Comparative studies of self-concept scales suggest that the Piers-Harris is a highly reliable and generally valid measure for assessing children's self-concept (Smith and Rogers, 1977; Shavelson, Hubner, and Stanton, 1976; Wylie, 1974; Robinson and Shaver, 1973). Studies with general populations report test-retest coefficients ranging from .71 to .81 for intervals of 2 to 5 months and internal consistency coefficients ranging from .74 to .90 (Piers, 1984). Studies comparing the Piers-Harris to other measures of self-concept are also reported in the manual (Piers, 1984). These coefficients range from .34 to .73, indicating a moderate relation between the Piers-Harris and most other self-concept measures.

Design and Procedures

The administration procedures varied for the two samples. The clinic children, who on average were somewhat younger than the nonclinic group, were administered the scale individually as part of a larger study to examine the relationship between parents' perceptions of their child's self-concept and the child's self-perceptions. The nonclinic sample were normal school children who were recruited as

part of the cluster scale standardization sample. The instructions were read aloud and then the children completed the scale in a group setting. Analysis of variance procedures were used to compare the groups on the total score, the six cluster scales, and on each of the 80 individual items. All analyses utilized the BMDP statistical package (University of California, 1980). Effect sizes were computed for all significant differences reported for individual items (Cohen, 1969). Following the convention suggested by Cohen (1969), magnitudes of .2, .5, and .8 were considered to be small, medium, and large effect sizes, respectively.

Results

Items which discriminated significantly between the two groups are shown in Table 1 along with their associated effect sizes. As can be seen from this table, there were many significant differences in the relative endorsement frequency for the clinic and nonclinic groups. Of the 80 items, 37 discriminated significantly ($p<.05$) between the two groups and most of these differences were in the expected direction (i.e., higher self-concept in the nonclinic group than in the clinic group). Although most of these differences were relatively small, four items were associated with at least moderate effect sizes. Compared to the clinic children, the children in the public school sample described themselves as being good at their school work (Item 26) and able to finish it on time (Item 21), as active participants in games and sports (Item 65), and as not

disappointing their families (Item 59). Interestingly, the clinic group indicated significantly higher self-concept on seven items. Four of these items may indicate compensatory behaviors: "I am good at making things with my hands", "I can draw well," "I often volunteer in school," and "I have a good figure." Other item responses may indicate a greater willingness to admit relatively minor problems among the nonclinic sample or denial on the part of the clinic sample. For example, the clinic sample responded "no" more often to the following items: "I usually want my own way," "I pick on my brother(s) and sister(s)," and "I think bad thoughts."

Results of the analysis of differences between the mean cluster scale scores for the clinic and nonclinic samples are reported in Table 2. Again, the nonclinic group responded more positively than the clinic sample on all scales. The differences were significant for 5 of the 6 scales; only differences on the Behavior scale were nonsignificant. The clinic group's response to the Behavior items may indicate defensiveness in this sample regarding any problematic behavior.

Differences between the mean total scores for the two groups were also significant ($F(1,580)=8.19$, $p<.01$). The nonclinic sample had a mean of 56.04 ($SD=11.78$), whereas the clinic group had a mean of 52.19 ($SD=13.62$).

In conclusion, the self-concept of clinic and nonclinic samples was found to differ significantly as measured by the Piers-Harris. As expected, the clinic sample reported considerably lower self-concept than the nonclinic sample, a finding which provides

additional evidence of the criterion-validity for the Piers-Harris as a measure of children's self-concept. However, these results must be interpreted cautiously. The clinic sample differed in composition from the nonclinic sample in that the clinic sample was predominantly male, whereas the nonclinic sample was half male and half female. Although no sex differences have been consistently reported for the Piers-Harris, sex differences have been noted for the individual items and for some cluster scales (Piers, 1984). A second consideration involves the representativeness of the nonclinic sample; this group obtained a mean score on the Piers-Harris that is considerably higher than that reported for the normative group ($\underline{X}$=51.84; $\underline{SD}$=13.87). However, the manual for the Piers-Harris does recognize that the mean reported for the normative sample is somewhat lower than that based on an accumulated sample of 3,570 normal children on which Piers-Harris scores are available in various studies (Piers, 1984). Thus, the present scores may be generally representative of what one would expect from a nonclinic population.

Table 1
Items Differentiating Between Clinic and Nonclinic Groups

Item	% Endorsing Item in the Direction of Positive Self-Concept: Clinic	Nonclinic	F	Effect Size
26. I am slow in finishing my school work.	43	75	28.83**	.60
65. In games and sports, I watch instead of play.	60	81	22.17**	.53
21. I am good in my school work.	59	80	21.45**	.52
59. My family is disappointed in me.	70	88	19.75**	.50
57. I am popular with boys.	41	62	15.41**	.44
17. I am an important member of my family.	64	82	15.51**	.44
11. I am unpopular.	54	73	13.98**	.42
73. I have a good figure.	76	56	14.52**	.42
69. I am popular with girls.	44	64	12.64**	.40
18. I usually want my own way.	60	41	12.01**	.39
3. It is hard for me to make friends.	67	82	12.25**	.39
58. People pick on me.	55	72	11.54**	.38
39. I like being the way I am.	68	83	11.90**	.38
51. I have many friends.	69	83	10.76**	.37
56. I get into a lot of fights.	61	76	10.44**	.36
1. My classmates make fun of me.	66	80	9.61**	.35
43. I wish I were different.	56	72	9.63**	.34
78. I think bad thoughts.	84	69	8.56**	.33
2. I am a happy person.	84	93	8.81**	.33
67. I am easy to get along with.	72	84	7.96**	.32
46. I am among the last to be chosen for games.	55	70	8.40**	.32
42. I often volunteer in school.	72	56	8.30**	.32
23. I can draw well.	59	43	8.08**	.32
19. I am good at making things with my hands.	76	61	8.21**	.32
4. I am often sad.	56	70	7.78**	.31
5. I am smart.	58	71	7.07**	.30
71. I would rather work alone than with a group.	48	62	6.68**	.29
52. I am cheerful.	77	87	6.13**	.28
28. I am nervous.	56	69	6.17**	.28
14. I cause trouble to my family.	69	81	6.48**	.28
76. I can be trusted.	84	92	5.72*	.27
63. I am a leader in games and	27	40	5.67*	.26

sports.				
50. I am unhappy.	77	86	4.66*	.24
25. I behave badly at home.	76	85	4.18*	.23
32. I pick on my brother(s) and sister(s).	56	45	3.89*	.22
31. In school I am a dreamer.	58	68	4.03*	.22

Note. Based on the normative sample of 485 public school children and a mixed psychiatric sample of 97 clinic children.

a All F-tests are two-tailed (df=1,483).

b Effect size expressed in terms of d where d = $(\bar{X} - \bar{X})$ divided by the pooled standard deviation. Conventional magnitudes of d corresponding to small medium and large effect sizes are .2, .5, and .8, respectively (Cohen, 1969). Items are arranged in order of decreasing magnitude of effect size, omitting those items which did not discriminate significantly between clinic and nonclinic groups.

*p < .05. **p < .01.

Table 2

Comparison of Normal and Clinic Groups' Performance

Scale	Normal Group X	Normal Group SD	Clinic Group X	Clinic Group SD	F
Behavior	11.44	3.22	10.98	3.43	1.64
Intelligence	11.62	3.57	10.60	3.94	6.42**
Physical Appearance	8.31	3.05	7.54	3.36	5.02*
Anxiety	9.54	3.11	8.68	3.56	5.93*
Popularity	8.27	2.70	6.98	3.06	17.71**
Happiness and Satisfaction	8.05	2.04	7.25	2.43	11.66**
Total	56.04	11.79	52.19	13.62	8.19**

Note. Based on a sample of 485 public scholl and 97 clinic children.
a df=1,580.
*p < .05. **p < .01.

REFERENCES

Beck, M.A., Roblee, K., & Hanson, J. (1982). Special education/regular education: A comparison of self-concept. *Education*, *102*(3), 277-279.

Cohen J. (1969). *Statistical Power Analysis for the Behavioral Sciences*. New York: Academic Press.

Coleman, J.M. (1983). Self-concept and the mildly handicapped: The role of social comparisons. *Journal of Special Eduction*, *17*(1), 37-45.

Piers, E.V. (1984). *The Piers-Harris Children's Self Concept Scale: 1984 Edition (The Way I Feel About Myself)*. Los Angeles: Western Psychological Services.

Robinson, J.P. & Shaver, P.R. (1973). *Measures of social psychological attitudes (Revised Edition)*. Ann Arbor, Michigan: Institute for Social Research.

Shavelson, R.J., Hubner, J.J., & Stanton, G.C. (1976). Self-concept: Validation of construct interpretations. *Review of Educational Research*, *46*, 407-441.

Silverman, R. & Zigmond, N. (1983). Self-concept in learning disabled adolescents. *Journal of Learning Disabilities*, *16*, 478-490.

Smith, M.D. & Rogers, C.M. (1978 [OR 1976? 1977?]). Reliability of standardized assessment instruments when used with learning disabled children. *Learning Disabilities Quarterly*, *1*, 23-30.

University of California, Los Angeles (1981). *BMDP Statistical Software*, Berkeley: University of California Press.

Wylie, R. (1974). *The self-concept: A review of methodological consideration and measuring instruments* (Vol. 1). Lincoln: University of Nebraska Press.

Yauman, B.E. (1980). Special education placement and the self-concept of elementary-school age children. *Learning Disabilities Quarterly*, *3*, 30-34.